DCPDS USER ACCOUNT REQUEST  Instructions for completing this form are shown on next page					
			_	ge	
□ New Account       □ Modify Existing Account       □ Inactivate Account         SECTION I: USER INFORMATION (USER MUST					
COMPLETE):	IATION (USER MU	SI			
Name (Last, First MI)			Check the choice that applies:  ☐ Civilian Employee ☐ Gov't Contractor ☐ Military		
SSN:	SSN: PP/Series/Grade:		Position Title:		
Activity Name:			Activity Code:	Organization Code:	
City of Birth for Password Reset Authentication:					
Work Mailing Address: Phone		Phone	Include Area Code and DSN) Email Address:		
		FAX:			
I assume the responsibility for the data and system to which I am granted access. I will not exceed my authorized access. I understand my obligation to protect my personal password to the MDCPDS system.  User's Signature:  Date:					
SECTION II: (SUPERVISOR IS TO COMPLETE INFORMATION BELOW)					
Proposed Group Inbox Title(s):					
USER OPTIONS: Please check all the following options that apply to this user:					
Personnelist Initiate RPA's					
Administrative Support			Sign RPA as Requesting Offcl		
☐ Manager/Supervisor			Sign RPA as Authorizing Offcl		
Classifier (COREDOC Access Only)			Approves RPA's (HR) Only		
			Review RPA's only		
PRINT SERVER IP ADDRESS FOR PRINTER/ PRINTER NAME:					
SYSTEM ACCESS REQUIRED:	☐ MDCPDS		CSU APPLICATION		
USER ACCESS TO PERSONI	NEL RECORDS:			-	
LIMIT USER ACCESS TO THE FOLLOWING					
ACTIVITIES:					
LIMIT USER ACCESS TO THE FOLLOWING					
ORGANIZATIONS:					
I certify this user requires access as requested in the performance of his/her job function.  Supervisor's Signature:  Date:					
Customer Support POC: Signature:					

## PRIVACY ACT STATEMENT

Public Law 99-474, the counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorized collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your Modern DCPDS User Account Request. Disclosure of records or the information contained theirin may be specifically disclosed outside the DOD according to the "Blanket routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

## MDCPDS USER ACCOUNT REGISTRATION INSTRUCTIONS

To complete the Modern DCPDS User Account Request form:

## SECTION I: USER INFORMATION

- **1)** Are you adding a new account, modifying an existing account or inactivating an existing account? Select one
- 2) Enter the User's Last name, First name, Middle Initial (MI)
- 3) Type of User: Civilian Employee, Gov't. Contractor, Military. Select one.
- 4) Enter the User's **Social Security Number (SSN)**
- **5)** Enter the users PP/Series/Grade if the user is military, enter rank in the block. (e.g., CDR, CAPT, LTCOL, etc).
- **6) Position Title:** Enter the user's current position title or billet designation.
- **7) Activity Name:** Enter the name of the user's Activity.
- **8) Activity Code:** Enter the two character Activity code of the user's activity.
- **9) Organization Code**: Enter the user's organizational code.
- **10) City of Birth**: Enter the user's city of birth. This data will be used only to verify password receipt.
- **11) Mailing Address:** Enter the user's command or activity mailing address.
- **12) Phone:** Enter the users work telephone number including area code and DSN Prefix.
- **13) FAX Number:** Enter the user's FAX number.
- **14) Email Address:** Enter the user's Internet email address.
- **15) Users Signature:** The user should sign in this block and date.

## SECTION II: TO BE COMPLETED BY USER'S SUPERVISOR

- 1) Proposed Group Inbox Title(s): List the groupbox name(s) the user will need to have access to.
- **2) User Options (Roles and Responsibilities):** Select any responsibilities that apply to the user (e.g., Manager/Supervisor, Personnelist, etc.) and any roles that also apply to the user (e.g., Initiate RPA's, Sign RPA as Requesting Official etc.)
- **3) Print Server IP Address for Printer:** If a Personnelist list the Print Server IP Address for the printer required and Printer Name of default printer that needs to be established for the user in Modern DCPDS.
- 4) System Access requirements: Select all programs that are required by the user.
- **5) User Access to Personnel Records:** List the Activities and Organization Codes the user will need to be able to access.
- 6) Supervisor Signature: The User's Supervisor should sign in this block and date.
- 7) Customer Support POC: The User's Customer Support POC should sign in this block.

**Note:** Only a copy signed by the appropriate people and sent through your Customer Support POC will be accepted. Your Customer Support POC will then mail it to CSO-C, Attn: Kathy Carson, 3990 E. Broad St. Bldg. 11, Sect 4, Columbus, OH 43213.